



TEU

TERTIARY EDUCATION UNION
TE HAUTŪ KAHURANGI

Submission of
**Te Hautū Kahurangi | Tertiary Education
Union**

to

Te Pūkenga

on the

Bachelor of Nursing

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1. Preamble

- 1.1. Te Hautū Kahurangi | Tertiary Education Union (TEU) welcomes this opportunity to respond to Te Pūkenga on the *Bachelor of Nursing*.
- 1.2. The TEU is the largest union and professional association representing 10,000 academic and general/allied staff in the tertiary education sector (in universities, institutes of technology/polytechnics, wānanga, private training establishments, and rural education activities programmes).
- 1.3. The TEU actively acknowledges Te Tiriti o Waitangi as the foundation for the relationship between Māori and the Crown. We recognise the significance of specific reference to Te Tiriti in the Education Act and the emergent discourse resulting from this. We also accept the responsibilities and actions that result from our nation's signing of the UN Declaration on the Rights of Indigenous Peoples.
- 1.4. The TEU expresses its commitment to Te Tiriti by working to apply the four whāinga (values) from our *Te Koeke Tiriti* framework as a means to advance our TEU Te Tiriti relationship in all our work and decision-making – with members and when engaging on broader issues within the tertiary sector and beyond – such as our response to the *Bachelor of Nursing*:

Tū kotahi, tū kaha: We are strong and unified; we are committed to actions which will leave no-one behind; we create spaces where all people can fully participate, are fairly represented, and that foster good relationships between people.

Ngā piki, ngā heke: We endure through good times and bad; we work to minimise our impact on the environment; we foster ahikā – the interrelationship of people and the land, including supporting tūrangawaewae – a place where each has the right to stand and belong.

Awhi atu, awhi mai: We take actions that seek to improve the lives of the most vulnerable; we give and receive, acknowledging that reciprocity is fundamental to strong and equitable relationships; and we work to advance approaches that ensure quality public tertiary education for all.

Tātou, tātou e: We reach our goals through our collective strength and shared sense of purpose, which are supported through

participatory democratic decision-making processes and structures.

- 1.5. Our response to the *Bachelor of Nursing* programme redevelopment and unification consultation stems from our commitment to the whāinga expressed above and our wish to see these enacted in the tertiary education sector and in our society and communities.

2. Introduction

- 2.1. The concept of more unified programmes for the Te Pūkenga network and the rationale that underpins this is understandable.
- 2.2. Hence, the development of three unified programmes: Bachelor of Nursing - Māori, Bachelor of Nursing – Pacific, and Bachelor of Nursing to achieve one programme of study aligned with each qualification, is also an understandable desire.
- 2.3. However, concerns have been expressed since 2021 about the process and timeline of this development and unification with nursing leaders having formally expressed their disquiet at a lack of true consultation and engagement with the profession.
- 2.4. Nursing is a critical and essential workforce that faced a world-wide shortage prior to 2020 and the pandemic 2020 – 2022 has further emphasised and exasperated this issue.
- 2.5. Currently nursing in Aotearoa New Zealand is in crisis with over 4,000 nurse vacancies and an ageing workforce that is subject to COVID related pressures coupled with influenza and other health backlog pressures creating a perfect storm in acute settings, while the effects of a closed border and competitive remuneration rates overseas means all areas of the health sector are desperately short of nurses and struggling.
- 2.6. Additionally, nursing education across Aotearoa New Zealand and especially in the ITP sector, which graduates 75% of all nurses, has been under huge pressure. With COVID many placements became unavailable and most teaching needed to be modified for online provision. The order of programme delivery and theory papers have been constantly reordered because of the lack of placements and often delivered multiple times as small cohorts rotated through the limited placements or simulations. Students have had high needs as the average age of

nurse educators is 55yrs, there has been a high attrition rate of staff. Those that remain and those that are new are exhausted and pushed to the limit or beyond.

- 2.7. Into this environment the release of the three draft nursing curricula with just 11.5 days for consideration, discussion and feedback caused anxiety for many staff.
- 2.8. In response to concerns from members about the rushed consultation and planned implementation of the new programmes in 2023, TEU held four well attended member meetings and two smaller meetings with members. In total approx 80 kaimahi provided comment and their views are represented in this submission.
- 2.9. Overwhelmingly members stated their concern and anger at the process and rushed nature of the programme development, and stated their concerns about the significant risks of pushing to implement an entirely new curriculum on an exhausted staff in just five months.
- 2.10. More specifically feedback received from TEU members included the following comments.

3. A Lack of genuine consultation

- 3.1. Members were not opposed to a unified curricula and were open to change that would lead to improvements for students and for graduates.
- 3.2. Members and TEU welcomes the development of nursing programmes that support Māori and Pacific learners to apply their cultural ways of knowing and being in their learning and practice, in order to improve the outcomes of their people. A primary concern of staff is the learner, and if the unification of nursing programmes will support and enable quality delivery and learner experience, then staff would welcome such change, but implementation and delivery are also crucial for student experience and success. Nurse educators are well aware that Māori and Pasifika health outcomes are poor in comparison to the rest of the population. This has been a focus in nursing education for some time and any additional ways of ensuring graduates are best prepared to improve the health experience and statistics for these groups will be welcomed and supported.
- 3.3. The values of Manawa nui, Manawa roa and manawa ora are great values.
- 3.4. However, member feedback was strongly that while the documents espouses such values and talks about collaboration and co-design, for staff they were not reflected in the process or consultation.

- 3.5. A working party of six people is too small to reflect diversity and strengths of existing curricula or information on nursing development. Having a steering group of only Heads of Schools was also limiting. Effectively the majority of staff had little effective input. Those outside these two groups that did provide comment or information stated that they had no idea what aspects of what they said was used or what context or structure it went into.
- 3.6. This lack of circularity or iterative feedback meant that the first view of the curriculum that staff saw was after its release late on 10th June.
- 3.7. The consultation time provided was then far too short for any genuine or critical feedback. Staff understand how important it is to send graduates who are fit for purpose into the community and want to be sure that there is a well-designed curriculum to ensure that this can happen.
- 3.8. A consultation timeframe of only 11.5 days, including a short week (due to Matariki) when staff were already stretched beyond capacity, is totally insufficient and reduces the exercise to a 'tick box exercise' or the appearance of one.
- 3.9. The feedback questions also limited the ability of staff to provide wider concerns and gave the impression that the decisions had already been made.
- 3.10. Members commented that there did not appear to have been any research done into the strengths of the current curricula or any evidence base of the new proposed curricula.
- 3.11. Overall member feedback was very strong that the process was not one of genuine consultation, and that the rushed nature trampled on the mana of the profession because it effectively excluded the involvement of most educators and their colleagues in clinical. It appeared tokenistic and a fait accompli. Sadly for many, it prevented meaningful engagement and any opportunity for positive change.

RECOMMENDATION
<p>Recommend the process and include genuine consultation at different stages, e.g. On the graduate profile, on clinical. Provide adequate time for staff to review, discuss, and gather their thoughts so that they can be assured that they have given their best for future students, employers, and Aotearoa New Zealand.</p>

4. Be considerate of staff wellbeing.

- 4.1. The stated aim of implementation by January 2023 was hugely concerning to members and many stated it had risks to current students, new student

experience but most of all to staff wellbeing. The pressure to 'fill the gaps' and have a programme fit for implementation would cause staff to leave and be untenable for those who remained.

- 4.2. Members commented that the current draft document had many areas of inconsistency and gaps. For example, it would be 'tailored to regional needs' – how would the tension between consistency and regional difference be decided? If students were to be able to “transition seamlessly between delivery sites and educational modes (p.52)”, how would this work when there was regional difference? So, for members, this lack of clarity was an additional concern and stress.
- 4.3. [Research](#) indicates that morale in the tertiary education sector is low, and there is a significant risk of this additional pressure collapsing some programmes due to the additional pressure it will put on staff.
- 4.4. Low staff numbers, high staff turnover, and high workloads were repeatedly highlighted. Examples were given by members of markedly reduced staffing in many Schools of Nursing. For example, one member confirmed that in 2020 they had 27 staff and they currently had 9 staff.
- 4.5. Added to this, for over 2 years now staff have been dealing with the impacts of our COVID response on teaching, learning and the provision of clinical placements. Members repeatedly commented about their exhaustion and lack of capacity for any additional pressure.
- 4.6. Members also commented on colleagues in clinical settings having to adapt to new paperwork and curricula for students on placement when they were already dealing with a crisis situation in the practice setting.
- 4.7. There was no information or material on transitioning students who may need to transition from year one of the current programme to year one of the new programme. Staff would have to manage a new first year, some transitioning students, and still teach out years 2 and year 3 of existing programmes. Members asked, “where will the staff come from in an already under-staffed health system”? There appears to be no transition plan or risk assessment surrounding these factors.
- 4.8. Members identified that the increased amount of te reo and other indigenous content would require more staff qualified in those areas and more professional development for existing staff. With only 5 months until the proposed implementation, when and how could that occur?

- 4.9. For staff to successfully implement a new curriculum they must have time to fully understand the whole curricula, how concepts are scaffolded, and organise any professional development required as well as the time to create or modify or fully understand any resources needed.

RECOMMENDATION
Facilitate staff wellbeing by relieving some of the pressure they have been under due to COVID and understaffing by assessing staffing capacity, building staff capacity and removing any notion of a new curriculum before 2024.
Develop and implement a plan for adequate resourcing, and the consultation and implementation of a new curriculum, including a transition plan for students who have commenced but not completed year 1.

5. Take care of external partnerships

- 5.1. Our clinical colleagues and partners are also under pressure with COVID, influenza, and radical health sector changes – members want to respectfully maintain these relationships.
- 5.2. Negotiations for student placements are already taking place.
- 5.3. There is a need to maintain these relationships and be mindful of their ability to coordinate placements with other programme providers. Attempting to usher in a change in curriculum by the beginning of 2023 will impact on these relationships.
- 5.4. Hospitals and DHBs are already struggling to find staff to preceptor students.
- 5.5. Competition for placements and students will still continue as nursing programmes within universities and wānanga are involved in nursing education and major change without careful planning and negotiation may result in the loss of students and placements for Te Pūkenga students.

6. Important content missing

- 6.1. When developing new curricula, careful consideration needs to be given to what is essential, and if new material is to be introduced, what can be removed while still maintaining quality and meeting the needs of the public.
- 6.2. Significant material considered essential appears to be missing in both curricula – e.g., in the nursing curricula, immunisation and vital signs are not evident.

- 6.3. It appeared rushed, 'stuck together', incomplete, disjointed, inconsistent in documentation, had significant gaps and a lack of detail, especially on such things as transition plans.
- 6.4. There is a complete lack of consideration of patient care and patient safety. There is a focus on the student and the student journey, but this is a nursing programme so patient safety must be paramount.
- 6.5. Under assessment (p.50) there is no inclusion of clinical assessment.
- 6.6. There is a total lack of information or detail regarding clinical, clinical competence, clinical assessment.
- 6.7. There is nothing on how students who are struggling in the clinical environment can be supported, withdrawn, assisted.
- 6.8. There are currently no pre-requisites
- 6.9. Research – pg 61 states a research strategy is still being developed. There is nothing related to nursing research or staff involvement in research
- 6.10. Drug calculations as they relate to clinical are not included. "Calculations" is mentioned as part of BN5307 but nothing about safety with drug calculations in the clinical environment.
- 6.11. The material provided is very generic. This generic nature implies that level of the material isn't appropriately positioned on the framework for a degree.
- 6.12. Delegation and direction appear to be missing. Client / patient safety and professional competence requirements were lacking.

RECOMMENDATION
Take the time to make sure that the content will send graduates into the sector with the knowledge, skills, and competence, they need to meet professional standards and ensure public safety.

7. Summation

- 7.1. Members were not against the concept of integrated curricula, but such curriculum should build on the strengths and efforts of existing curricula and be evidenced based.
- 7.2. Members were supportive of the increased content related to Mātauranga Māori and te reo Māori.

- 7.3. Staff are concerned about their cultural capability to apply this.
- 7.4. Māori staff are concerned that this will fall on them and add extra pressure to their workloads until capability is developed.
- 7.5. The approach taken to these integrated curricula seems to dismiss the 20 years of nursing efforts to create great curricula across Aotearoa and this is disrespectful of all the mahi staff have put into these programmes.
- 7.6. Member feedback was unanimous in the view that the planned imposition of these new integrated curricula is halted while an improved process is developed.
- 7.7. We request that Te Pūkenga hold a hui with TEU, members and other representatives of nursing to agree to a process of true consultation that will facilitate better quality curricula, staff 'buy in' and readiness, and an implementation plan that will ensure a quality student experience and outcomes.